



Certification of Eligibility for Eagle Transit

Mark one or both. If Disability is marked, Section #2 must be filled out by a certified medical professional.

Eligibility due to:

60 years or older: ☐

Disability: ☐

(Top section must be completed within 2 weeks or you will be required to pay full fare)

This form must be completed and turned in to the Eagle Transit office within 30 days.
If it is not received within that time then your Dial-A-Ride service will be discontinued.

***These fields must be filled out completely. The eligibility form will not be valid if any of these fields are missing.**

*Name: _____

Physical Address: _____

City: _____

Mailing Address: _____

ZIP: _____

Phone: _____

*Date of Birth: _____

I certify that I have a disability (physical, mental, or emotional)

Please circle any of the below that apply to you.

Ambulatory

Wheelchair

Walker

Needs Assistance

PCA

Service Animal

Emergency Contact Person: _____

Phone: _____

*Clients Signature: **X** _____

*Date: _____

Section #2

The following section must be filled out by a **HEALTH SERVICE PROFESSIONAL**:

Permanent Disability: _____ Temporary (less than 1 year) Disability: _____

If disability is temporary please estimate how many months the above person will be considered disabled.

Months 1 2 3 4 5 6 7 8 9 10 11 Months

Name: _____

Agency: _____

Address: _____

Phone: _____

I understand that my signature below means I have reviewed the Certificate of Eligibility and certify that the above statements are correct.

Health Care Professionals Signature: **X** _____

Date: _____

Present this completed Certificate of Eligibility at the Eagle Transit offices to register for your **identification** card. After receipt of the card, you may purchase tickets from the office or the bus driver. Please show card to purchase or ride the bus.

Eagle Transit

www.flathead.mt.gov/eagle

Mailing Address: 160 Kelly Rd

Kalispell, MT 59901

Office Line: 406-758-2428 - Rider Dispatch 406-758-5728

Physical address: 1333 Willow Glen Dr

Fax: 406-758-5734

